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SERIAL NUMBER 10/616,301	FILING OR 371(c) DATE 07/10/2003 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 25854
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APPLICANTS

Yoav Kimchy, Haifa, ISRAEL;
 Roni Amrami, Yokneam, ISRAEL;
 Yona Bouskila, Maidenhead, UNITED KINGDOM;
 Udi Antebi, Kiryat Bialik, ISRAEL;
 Nick Sidorenko, Acre, ISRAEL;
 Gal Ben-David, Mitzpe Adi, ISRAEL;
 Yoel Zilberstein, Haifa, ISRAEL;

**** CONTINUING DATA *******

This application is a CIP of 10/240,239 09/30/2002 * which is a 371 of PCT/IL02/00057-01/22/2002 which is a CIP of 09/765,316 01/22/2001 ABN

This application 10/616,301

claims benefit of 60/394,936 07/11/2002

(*)Data provided by applicant is not consistent with PTO records. *EC*

**** FOREIGN APPLICATIONS *******

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 10/06/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 19	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>EC</i> Examiner's Signature Initials				

ADDRESS

Martin D. Moynihan
 PRTSI, Inc.
 P.O. Box 16446
 Arlington, VA22215

TITLE

Ingestible pill

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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